FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549









NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY										
Prefix	5	Serial									
		l									
	DATE RECE	IVED									
		1									

10. 213 /64/				· L	L	
Name of Offering Check	k if this is an amendment and nar					***************************************
				1		
Filing Under (Check box(es) that	apply): Li Rule 504 Li Rule	505 🖾 Rule 506	Section 4(6)	JULOE		
Type of Filing: New I				· · · · · · · · · · · · · · · · · · ·		
		. BASIC IDENTIFIC	CATION DATA			
1. Enter the information requeste						
•	k if this is an amendment and nar	me has changed, and it	idicate change.)			
TWM Private Capital Parti						
Address of Executive Offices	(No. and Street, City	, State, Zip Code)		Telephone i	Number (Includin	
5500 Preston Road, Suite 25					(214) 252-326	1
Address of Principal Business Of (if different from Executive Office		, State, Zip Code)	Telephone Nu	umber (Including a	Area Code)	
Brief Description of Business						
Investment Partnership						
Type of Business Organization	<u> </u>					
corporation	☒	limited partners	hip, already formed			other (please specify):
business trust		limited partners'	hip, to be formed			
			Month	Year		
Actual or Estimated Date of In-	corporation or Organization:		0 2	0 4		☐ Estimated
			<u> </u>	<u> </u>	-	
Jurisdiction of Incorporation or	r Organization: (Enter two-letter	U.S. Postal Service ab	breviation for State:	TX		
	CN for Canada	; FN for other foreign	jurisdiction)			
GENERAL INSTRUCTIONS					****************	
Federal:						
Who Must File: All issuers making an offeri	ing of securities in reliance on an exemption	under Regulation D or Section	on 4(6), 17 CFR 230.501 et s	seq. or 15 U.S.C. 77d(6)		
When To File: A notice must be filed no la received by the SEC at the address given be						
Where To File: U.S. Securities and Exchang	ge Commission, 450 Fifth Street, N.W., Wo	shington, D.C. 20549.	•	-		
Copies Required: Five (5) copies of this no signatures.	tice must be filed with the SEC, one of whi	ich must be manually signed.	Any copies not manually sign	gned mast be photocopi	es of the manually sign	ed copy or bear typed or printed
Information Required: A new filing must echanges from the information previously su				ng, any changes thereto,	, the information reque	sted in Part C, and any material
Filing Fee: There is no federal filing fee.						
State: This notice shall be used to indicate relians must file a separate notice with the Securiti amount shall accompany this form. This no	ies Administrator in each state where sales	are to be, or have been made.	If a state requires the payme The Appendix to the notice of	ent of a fee as a precont	lition to the claim for t	he exemption, a fee in the prope
Failure to file notice in	n the appropriate states	will not result in	a loss of the fed	leral exemptic	n. Converse	ly, failure to file
the appropriate fede	ral notice will not recu	It in a lose of a	an avallahla sta	te evemntion	unless sur	h exemption is

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

THOMSON FINANCIAL

predicated on the filing of a federal notice.

		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information i	equested for the fo	llowing:			
<ul> <li>X Each beneficial owner issuer;</li> </ul>	having the power to and director of cor	nas been organized within the poor or dispose, or direct the porate issuers and of corporate thership issuers.	vote or disposition of, 10% or		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first,					<del></del>
TTG GP Management, In Business or Residence Add 5500 Preston Road, Suite	ress (Number and S	Street, City, State, Zip Code)		<del></del>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Tolleson, John C., Preside					
Business or Residence Add 5500 Preston Road, Suite	ress (Number and S	Street, City, State, Zip Code) 75205	- · · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,		ant Saaratami			
Bennett, Eric W., Vice Pro Business or Residence Add 5500 Preston Road, Suite	ress (Number and S	Street, City, State, Zip Code)		***************************************	
Check Box(es) that Apply:		☐ Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,					
Greer, Stephanie, Vice Pr Business or Residence Add 5500 Preston Road, Suite	ress (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				<u> </u>
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)		<del> </del>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				<u></u>
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)			

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										UT OI				
1. H	. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.											Yes	No ⊠	
2. W	. What is the minimum investment that will be accepted from any individual?											\$ <u>100</u>	,000,00	
3. D	B. Does the offering permit joint ownership of a single unit:												Yes ⊠	No □
in of re (5	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													D
Full N	ame (Las	t name f	irst, if in	dividua	1)					· · ·				
Busine	ss or Res	idence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	le)					·
Name	of Assoc	iated Bro	oker or I	Dealer							<del></del>			
	in Which											*********************	П	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[1D]		All States
[iL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
(MT)	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)		
Full N	ame (Las	t name f	irst, it in	dividua	1)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>			<del></del> -			
Busine	ss or Res	idence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	le)					
Name	of Assoc	iated Br	oker or I	Dealer				-,						
	in Which													All Carter
(Check												first		All States
[IL]	[AK] [IN]	[AZ] [1A]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	(ID) [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)		
Full N	ame (Las	t name i	first, if in	ıdividua	1)		<u>-</u>			<u>.</u>			<u>=</u>	
Busino	ess or Res	sidence .	Address	(Numbe	er and St	reet, Cit	y, State,	Zip Cod	ie)		····			
Name	of Assoc	iated Br	oker or I	Dealer	<del></del>			•						
Cintan	in Which	Power	Lintad la	Inn Call	aliad on I	ntonda t	o Colini	Duroha						
										*******	*********			All States
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[1A]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[KN]	[NM]	[NY]	[NC]	[DN]	(OH)	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box p and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt	\$0	<u> </u>
	Equity	\$ 0	\$ 0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	<u> </u>
	Partnership Interests	\$_3,642,000.00	\$ 3,642,000.00
	Other (Specify)	\$0	\$0
	Total	\$ 3,642,000.00	\$ 3,642,000.00
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	Д	\$ 3,642,000.00
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	
	Answer also in Appendix, Column 4, if filing under ULOE	IVA	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	-	
	Type of offering	Type of	Dollar Amount Sold
	Dul. COC	Security	
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
4.	this offering. Exclude amounts relating solely to organization expenses of the issuer. The inform be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation may an	
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$ <u>0</u>
	Legal Fees	X	\$10,000_
	Accounting Fees		\$ 0
	Engineering Fees		\$0
	Sales Commissions (specify finder's fees separately)		\$ 0
	Other Expenses (identify)		\$ 0
	Total		\$ 10,000

	and total expenses furnished in response	egate offering price given in response to Part C- to Part C-Question 4.a. This difference is the "a	idjusted gross			\$_3,632,000.00
5.	each of the purposes shown. If the amou	ed gross proceeds to the issuer used or proposed out for any purpose is not known, furnish an esting the total of the payments listed must equal the set to Part C-Question 4.b. above.	mate and			
		·		Ó: Dire	ments to fficers, ectors, & filiates	Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and ins	tallation of machinery and equipment		\$		\$
	Construction or leasing of plant by	uildings and facilities		\$		\$
		ncluding the value of securities involved in this casets or securities of another issuer pursuant to a		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify) (investments)			\$	<u>\</u> \	\$_3,632,000.00
	Column Totals			\$	⊠	\$_3,632,000.00
	Total Payments Listed (column to	tals added)	•••••••••		\$ <u>3,</u> 6	532,000.00
		D. FEDERAL SIGNATURE				
sign	ature constitutes an undertaking by the iss	gned by the undersigned duly authorized person, uer to furnish to the U.S. Securities and Exchang -accredited investor pursuant to paragraph (b) (2	c Commission,	filed un upon wr	der Rule 50 itten regue	25, the following st of its staff, the
Iss	uer (Print or Type)	Signature	Date		· · · · · · · · · · · · · · · · · · ·	
TV	VM Private Capital Partnership, L.P.	1 Strahaniel Green	Septemb	er <u>//</u> ,	2006	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Ste	ephanic Greer	Vice President and Assistant Secretary of	TTG GP Manage	ement, la	nc., general	partner
		ATTENTION				
	Intentional misstatements or	omissions of fact constitute federal crim	inal violation	s. (See	18 U.S.C	. 1001).

		E. STATE SIGNATURE					
1.	rule?	resently subject to any of the disqualification prov		No ⊠			
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in by state law.	which this notice is filed, a noti	ce on Form D			
3.	The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written t	equest, information furnished t	by the issuer to			
4.		ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.					
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this not	ice to be signed on its behalf by	y the			
lss	uer (Print or Type)	Signature	Date				
TWM Private Capital Partnership, L.P. (Marie Chee September 1, 2006							
Na							
Sto	Stephanie Greer Vice President and Assistant Secretary of TTG GP Management, Inc., general partner						

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX

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1		2 3 4								
	non-acc investors (Par	o sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
AL										
AK										
AZ										
AR										
CA										
со										
СТ										
DE										
DC										
FL										
GA										
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ID										
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IA										
KS										
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MS	ļ					<b></b>				
МО	<u></u>	<u> </u>						<u> </u>		

## APPENDIX

1	2	2	3		5					
	non-acc	s in State 1 B-	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
MT					· · · · · · · · · · · · · · · · · · ·					
NE										
NV					**************************************					
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ок										
OR							-			
PA										
RI										
sc										
SD										
TN										
тх		No	Limited Partnership Interests \$3,642,000	4	\$3,642,000	0	\$0	No		
UT										
VT										
VA										
WA										
wv										
WI										
WY										

# APPENDIX

1	2	2	3		4					
	non-acc investors (Par	o sell to credited s in State at B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
PR										